# BARRIERS IN ACCESSING HEALTH SERVICES BY TRANSGENDER INDIVIDUALS IN THE WESTERN CAPE SOUTH AFRICA

## 1 INTRODUCTION

Transgender individuals have gender identity challenges and the general public has a narrow understanding of the transgender dynamic. The identity that is assigned to transgender individuals by birth differs from their "own" sex and expression (Reisner, Poteat & Keatley, 2016). The word “transgender female” denotes to individuals assigned to the gender of male sex at birth, however, according to transgender classification, this individual is identified as female, on the other hand “transgender male” denotes an individual assigned as female sex at birth, however, classified as a man under transgender classification (Bouman, Schwend & Motmans, 2017). Transgender individuals experience substantial health inequalities on different fronts, which range from lack of access to medical facilities, health worker’s bias, and lack of trained professionals in the field of transgender medical care and health systems barriers (Bradford, Reisner, Honnold & Xavier, 2013). Stigma and discrimination within the larger communities in which they live are a reality. This discrimination is extended to health care provision. This scenario contribute to individuals lacking desire and ability to access suitable health care (Safer, Coleman, Feldman et al., 2016). Transgender ladies (Male to Female, MTF) are globally recognised as a group that show high levels of HIV infection, global prevalence is about 20% (Baral, Poteat, Stromdahl et al., 2013).

A study performed in the US, revealed that the sample of transgender individuals suffer from a range of mental disorders which include “depression (44.1%), anxiety (33.2%), and somatisation (27.5%)” (Lombardi, 2011: 211–229). Alcohol or drug abuse is common brought on by maltreatment by society, and 41% attempted suicide, this is about 26 times higher than the common population (Grant, Mottet et al., 2011). The statistics are similar to other minority groups, however, the scenario can be unique to transgender individuals since their status magnifies personal experience. It is clear that the transgender population finds themselves

between a rock and a hard place with no room to manoeuvre. Society as a whole discriminate against such individuals and to seek health care can be another place where they are made to feel less than human (Ayhan, Bilgin, Uluman et al., 2020). Health care workers treat sexual and gender minority (SGM) individuals differently, verbal abuse and refusal of health care is an everyday occurrence (Ayhan et al., 2020). A negative perception towards the transgender population, which was created by society and other powers, convey the idea that these people must be avoided, termed as Homophobia because they are the carriers of AIDS (Avert.org, 2018).

This study aim to investigate the barriers related to HIV policies that transgender individuals experience in accessing health care services from a South African perspective. The aim is also an initiative to gain a deeper understanding of the mechanisms and factors that contribute to barriers to accessing health care. The study will be informed by a review of the related literature which describe the barriers to health care for transgender individuals and to recommend research initiatives to understand mechanisms and factors of those barriers and interventions to affect change. The problem surrounding access to health care with the resultant consequence of the problem is discussed next.

## 2 The Research Problem

The transgender individuals report that health care workers have a lack of adequate knowledge dealing with transgender health concerns, socioeconomic, financial barriers, marginalisation, lack of cultural competence and attitudes of health care workers, inequality and health systems barriers (Ayhan et al., 2020). Transgender treatment can be described as a new field and health care workers are not sufficiently experienced in this field and transgender treatment is not taught at traditional medical learning institutions and few doctors have the required “knowledge and comfort level” (Sherman, Kauth, Ridener et al., 2014: 433).

In 1996, South Africa adopted the new Constitution and the Bill of Rights, section 27(1), offered protection and guaranteed rights for access to health care facilities and services for all the citizens in that “no person shall be refused treatment or provided with inferior care” (Constitution of the Republic of South Africa, 1996). However the LGBT community is powerless to enforce these laws in reality. Transgender individuals face frequent structural and systemic barriers that impede their free access to quality health care. A range of factors contribute to structural and systemic barriers which include inadequate knowledge and educational levels, personal beliefs, and religious upbringing and attitudes of healthcare workers toward SGM individuals and their homophobia level (Ayhan et al., 2020; Stevens, 2012). The Global Forum (2014) reported that homosexuals experienced sexual stigma and discrimination, which leads to reduced access to HIV services. The SGM population have a high prevalence of HIV infection and the world is aware of such statistics, the result is that fear, discrimination and stigma play a significant role as a barrier to access. This situation is described as historical stigma and it has become a culture in society to marginalise SGM individuals (Emlet, O'Brien & Goldsen, 2019; Roberts & Fantz, 2014). One of the main concerns are the treatment of hospitalised patients, health care professionals are not specifically trained to care for transgender patients and this phenomenon poses a barrier to access to health facilities (Emlet et al., 2019; World Professional Association for Transgender Health (WPATH), 2011). Other factors that contribute to barriers include financial (they may lack medical insurance or other medical plans and lack of income) and socioeconomic barriers (transportation, and mental health issues) (Safer et al., 2016).

Seen from the background discussed above, the question that arise is that access to health care is a challenge, and how are those SGM individuals then treated once they accessed health care at health facilities? The first challenge associated with access and treatment of transgender individuals are a shortage of knowledgeable physicians (with regards to transgender patient treatment) (Wang, Pan, Liu, Wilson et al., 2020). Specific to SA, transgender health facilities are a rarity, in 2019, WITS

announced the first transgender clinics will be opened in Gauteng (ENCA, 2019). The aim is to provide an alternative means of access and to foster an environment that is free of fear and prejudice toward transgender individuals.

If the mentioned barriers related to health care are not addressed, the exiting challenges faced by the transgender population may lead to an exponential increase in the intensity of the existing barriers and others may arise. For example, the lack of access barrier may result in increased poor health outcomes, which is in direct contradiction of the targets for the Sustainable Development Goal (SDG) three. The SDG promotes health and wellbeing for all by 2030 (UN, 2020). These individuals want equality and the failure to address inequality from the health care perspective may lead to disrespect and insensitivity together with the mistreatment of patients (Johnson, Hill, Beach-Ferrara, Rogers et al., 2020). In this time where COVID-19 is a challenge to all individuals, legislated policies based on binary gender norms, could increase the risk of illness and mortality during the COVID-19 pandemic (Perez-Brumer & Silva-Santisteban, 2020).

Viewed from the known challenges as described in the problem statement, this study intends to investigate the challenges that South African transgender individuals face in terms access to health care and the experiences they undergo at health facilities in the Western Cape.

## 3 The Gap in the Literature

In general, previous research studies about access to health care services, focused mainly on the LGBT community. The transgender individuals did not feature as the unit of analysis, however, they are grouped and classified under the LGBT umbrella. Thus, these studies did not focus exclusively on transgender individuals, but formed part of the greater LGBT community, although the characteristics of the transgender population are different in many respects. Transgender classification is much more complicated since identity is the major factor that defines such individuals, a person may have physical sex appearances "that do not fit typical binary notions of male or female bodies” (United Nations,

2015:1) in other words, the assigned sex (on an ID card for instance) is different from that which the person considers and accepts their gender to be. Simply stated, a binary gender perspective assumes that only men and women exist, obscuring gender diversity and erasing the existence of people who do not identify as men or women. A gendered assumption in our culture is that someone assigned female at birth will identify as a woman and that all women were assigned female at birth. The move is towards the creation of a third gender, for example, in India, where the courts recognised a third gender classification (Biswas, 2019). Such a gender could possibly be identified as Gender X. Since the transgender community is marginalised in South Africa and around the world, not much literature is available that focuses specifically on this group of people, especially pertaining to their experiences in terms of accessing public health care.

## 4. THE AIM OF THE STUDY

Transgender persons suffer significant health disparities and may require medical intervention as part of their care. Being transgender means being medically and socially vulnerable, transgender individuals face several health inequalities and mental health challenges (Wang et al., 2020).

The aim of the study would be to investigate and describe the experiences of transgender individuals regarding accessing health care facilities in the Western Cape.

## 5. THE RESEARCH QUESTION

- What are the experiences of transgender individuals when attending a public healthcare facility?

## 6. RESEARCH OBJECTIVES

The following research objectives have been identified:

- To identify the factors that lead to barriers to access health facilities by transgender individual in the Western Cape.

## 7. SIGNIFICANCE OF THE STUDY

The findings of this study could benefit future policy formulation related to enhanced access to health facilities. Furthermore, the identified factors can be addressed by the authorities and assist with effective implementation of the existing policies and the newly formulated ones at facilities level. Challenges that inhibit effective implementation of policies could be addressed to optimise treatment and care for transgender patients. Highlighting the challenges and experiences of transgender individuals may help to ensure that patients receive the best treatment.

## 8. THEORETICAL FRAMEWORK

## 9. RESEARCH DESIGN AND METHODOLOGY

### 9.1 Research Design

The research design must consider the diverse research philosophies together with the researcher's worldview since it will have an influence as to how the researcher interpret the data. The research philosophy also has a direct bearing on the method of research (Saunders, Lewis & Thornhill, 2012). The philosophies include (1) Pragmatism, (2) Positivism, (3) Realism and (4) Interpretivism (Interpretivist).

#### 9.1.2 Pragmatism

Pragmatists suggests that something (proposition, idea, statement, et cetera) can be classified as true when is it applied in a real-world situation and it achieves that which was initially suggested. This means that ideas and theories can be tested to find truth in real life situations, for example, in human experience (Gutek, 2014). Abstract concepts would then not be suitable for investigation under this philosophy. The data collection method that is appropriate for this philosophy is a mixed method design and can be of a qualitative or quantitative nature, refer to Table 1.

#### 9.1.3 Positivism

This paradigm is grounded in scientific investigation, the idea is to seek scientific evidence that deliver facts and statistics that can be achieved by applying scientific methods, for example experiments under real-life situations (Aliyu, Bello, Kasim & Martin, 2014). The researcher does not rely on his/her own interpretation of the data, for example, in cases where temperature is measured, the data collection instrument (thermometer) indicate the facts and no room is left for the researcher's interpretation of the data. This type of research is highly structured and requires large samples and data collection is mostly quantitative in nature, refer to Table 1.

### 9.1.4 Realism

The realism philosophy suggests that the observation of individuals may not be real and may not represent reality (Price & Martin, 2018). In other words, reality can be created by the human mind (perceptions) and realism aims to move away from constructed reality and this is achieved by concentrating on scientific investigation.

### 9.1.5 Interpretivism

The interpretivistic outlook is that a single universal truth do not exist, people have perceptions of reality and these perceptions are considered as real. The research approach is more subjective and descriptive method is utilised to investigate complicated phenomena (social reality) as opposed to an objective and statistical measures. Social reality is then subjectively interpreted from behaviour or experience (Kura, 2012). For the purposes of this study, an interpretivistic philosophy will be adopted. The objective for this research is to gain insights into the social reality of transgender individuals as they experience reality in terms of health care provision. These experiences are subjective in nature and it is more suitable to interpret the perceptions and experiences of the transgender individuals as opposed to an objective approach, which is not suitable for abstract concepts. The data collection method will be of qualitative nature and a small sample will be targeted to encourage an in-depth investigation, refer to Table 1.

**Table 1: Research Philosophy Data Collection Characteristics**

| | **Pragmatism** | **Positivism** | **Realism** | **Interpretivism** |
|---|---|---|---|---|
| **Acceptable data collection method** | Mixed method design | Very structured | Chosen method must fit the subject matter | Small samples |
| | Quantitative | Large samples | Quantitative | In-depth investigations |
| | Qualitative | Measurement overwhelmingly quantitative, but can use qualitative | Qualitative | Qualitative |

**(Source: Table adapted from Saunders, Lewis & Thornhill, 2012)**

The researcher must consider whether facts and statistics or the interpretation of perspectives, opinions and experiences will realise the objectives of the study. This study will utilise a qualitative research design in which the researcher will investigate and describe the experiences and perceptions of transgender individuals related to access to health facilities and health provision. The qualitative research design allows the researcher to use a methodical approach to describe the situation from the perspective of the person in the setting (Burns, Grove & Gray, 2015). The design is an exploratory, descriptive design, which seeks to provide information and insight into clinical or practice problems (Burns et al., 2015). This design is appropriate as the research attempts to explore and describe the experiences and perceptions of transgender individuals (Brink, Van der Walt & Van Rensberg, 2017). Ritchie, Lewis, Nicholls and Ormston (2013) describe qualitative research as a naturalistic, interpretative approach to research. There are three components in a

research approach, namely, the philosophical worldview assumptions that the researcher brings to the study, defined as a general orientation about the world, the nature of research and the research design which is related to this world view and the specific research methods used in the study (Creswell, 2007). The researcher will utilise the interpretivistic paradigm. The researcher will use the participant's insights to interpret understanding from the gathered data, to explore and describe the perceptions of transgender individuals.

## 9.2 Research Setting

The setting for this research study will be the Public Health Care (PHC) facilities in the interior of the Northern Tygerberg sub-structure. This area contain fourteen (14) facilities, which are under the authority of the Department of Health and nine (9) under the authority of the City of Cape Town (Western Cape Government, 2018).

## 9.3 Research population

The research population refers to all the individuals, groups or organisations that are involved in the phenomenon (Alvi, 2016). A sample is then drawn from the population. The population to be used for this research project will be all transgender individuals in the Western Cape and a sample will be drawn from this group.

### 9.3.1 Sampling and sample size

A non-probability purposive sampling method will be adopted for this study. Purposeful (also referred to as purposive sampling) is utilised when the researcher applies judgement when selecting participants (Burns et al., 2015). The total population will be sampled or until data saturation is achieved to extract the required information that the researcher seek... Data saturation can be described as a situation where no further data collection is necessary since all aspects of the topic have been covered, and additional information or themes are attained (Saunders et al., 2018).

### 9.4 Data Collection Method

Semi-structured interviews will serve as the data collection instrument. Semi-structured interviews will be used to extract the required data from the participants. The interview schedule will consist of 12 questions (refer Annexure A for a copy of the Interview schedule). A pilot study will be performed to test the process and to give an estimate of the time duration of the process. The time duration for the individual interviews per session has a target of 45 minutes. An audio recorder will be employed to record the data. Interviews are more flexible than questionnaires, which require to-the-point responses, in contrast, interviews allows participants to expand and give fuller descriptions about the topic under investigation (Jamshed, 2014). In other words, interviews afford the researcher to perform an in-depth investigation by asking additional questions as the need arise or when respondents reveal information which the interview schedule do not cover (Jamshed, 2014).

#### 9.4.1 Pilot Study

A pilot study, which is a mini-research project will be conducted before actual research study, this will be done to evaluate the semi structured schedule, specific issues that will be evaluated include time duration, ambiguous questions, questions that are difficult to understand and irrelevant questions that do not contribute to the objectives of the study (Ismail, Kinchin & Edward, 2017).

## 10 Data Analysis

Thematic analysis will be applied to analyse the data. This process is about organising the data with the express intent to identify themes from the organised data and to derive meaning from the themes (Burns et al , 2015). The audio recording will be transcribed verbatim as a first priority. The data will then be dissected into smaller part in order to identify similarities within the responses for each question. These similarities can form patterns, which is the basis for theme identification (Anderson, Bushman, Bandura et al., 2014). Braun and Clarke’s (2006) six phases of thematic analysis model will be applied to analyse the data. They are,

familiarisation this is where the researcher immerse him/herself in the data, listening and re-listening to the recording and making note of salient points. The next phase will be coding, this is about assigning a value to certain responses. For example, where discrimination is commonly referred to in the responses, these and similar key words are assigned a value. These keywords will form the basis for the identification of themes. The next step will be about themes identification, all the different keywords have assigned values, this will indicate the amount of similar keywords, and the keywords are then grouped according to the exposed pattern. For example, a group of keywords with a similar trend (depression, anxiety, stress and frustration) may indicate mental health issues, the theme will then be labelled as mental health. The next phase is about reviewing and refining the themes. Some themes can be subdivided into sub-themes, for example, the main theme can be about health worker's behaviour, and this can be sub-divided into positive and negative attitudes. The next step is to define the themes according to a set criteria and naming the themes. The final phase is to write up the analysis and formulating a report of the findings (Vaismoradi, Turunen & Bondas, 2013).

## 11 TRUSTWORTHINESS OF THE STUDY

For qualitative research, four criteria can be applied to verify the quality of the study, they are credibility, transferability; dependability and confirmability (Guba & Lincoln, 1994). *Credibility* refers to the truthful interpretation of the data. To verify accurate interpretation, the researcher will perform member checking, this process is about allowing the participants to evaluate whether the interpretation of the researcher resonates with the data given by the participants (Mandal, 2018). *Dependability* is associated with research rigor, this mean that the research plan is sound and a suitable research strategy was utilised to produce reliable findings (Saunders, Lewis & Thornhill2016). *Confirmability* is about replicability of the findings in similar situations,

thus, the collected data must support or resonate with the findings of the study (Bless, Higson-Smith & Sithole, 2013; Koonin, 2014). To ensure confirmability, the researcher will interpret the data as accurately as possible and avoid personal bias. *Transferability* is about the generalisability of the findings to other similar phenomena, where research studies produce near-similar results (Koonin, 2014). The researcher will endeavour to follow academic research standards to the letter and to interpret the data accurately to ensure the findings can be generalised to other similar situations.

## ETHICAL CONSIDERATIONS

Ethical clearance will be sought from the Biomedical Research and Ethics Committee of the University of the Western Cape. The researcher will conduct the research study by adhering to the principles and processes of health. Furthermore, ethical considerations need to consider the human rights of individuals, such as respecting gender differences, the right to anonymity, privacy and confidentiality, informed consent, and justice (Cacciattolo, 2015).

- *Respecting gender differences* refers to being sensitive to respondents pertaining to gender issues, in this case, the researcher will refrain from encouraging conflict by using gender neutral language, such as “humankind” as opposed to “mankind”, et cetera (Cacciattolo, 2015).
- *Principle of confidentiality* participants will be afforded the right to confidentiality, interviews will be conducted privately in the comfort of the participant’s home, all references to the names or characteristics of the participants will not be revealed, thus, names will not be divulged in the study or the audio recording. Participants will be addressed as participant one, two and three in that order (Cacciattolo, 2015).
- *Informed Consent* is about attaining written consent from participants that they participated voluntary. Furthermore, this

concept is also about informing the participants about the reason for the research and what it aims to accomplish, the right to withdraw participation without questions being asked and information that is relevant to the participant. This information will appear on the consent letter, which willing participants must sign (Cacciattolo, 2015).

- *Privacy of Research Participants* of the participants will be ensured that all the data will be handled by the researcher only and data will be electronically captured (on personal computer) and password protected from third party access. Recordings and notes will be locked in a cabinet suitable for this type of documents and the researcher will have access only. The data will be stored until the final mark is awarded and no need do not exist to have it stored, it will then be destroyed (Cacciattolo, 2015).

**Conclusion**

The proposal outlined all the salient point regarding the study, the first part of the proposal introduced the topic and expanded by explaining briefly the concept “transgender”. This was followed by explaining the challenges that transgender individuals experience in terms of health provision, specifically, the challenges related to access to health care. The problem statement expanded on these challenges, outlining the factors and dynamic surrounding transgender individuals with in the healthcare and societal milieu.

The significance of the study lies in the fact that these individuals are misunderstood and are in the minority and thus, they endure discrimination just as other minority groups, the difference is that their challenges are inflated due to the unique characteristics of transgender individuals. Highlighting the problem may lead to policy changes that can enhance access to health care and health care workers and the general public may have a better understanding of the challenges that these individuals face on a daily basis.

The research question was formulated from the problem and that was to gain deeper insights into the real-world experience of transgender individuals pertaining to access to healthcare. An overview was given as to the research plan, which is based on an interpretative approach grounded in a qualitative design. Semi-structured interviews will serve as the data collection instrument. Data analysis will follow the recommendations of Braun and Clarke’s six phases of thematic analysis model. The proposal concludes with the ethical consideration applicable to the study. Since transgenderism is a sensitive gender issue, the ethical consideration emphasised the need to be considerate towards gender issues and gender-neutral language will play a significant role in the interview process.

## REFERENCES


Aliyu, A., Bello, M., Kasim, R., & Martin, D. (2014). Positivist and Non-Positivist Paradigm in Social Science Research: Conflicting Paradigms or Perfect Partners? *Journal of Management and Sustainability*, 4(3): 79-95.

Anderson, C.A., Bushman, B.J., Bandura, A., Braun, V., Clarke, V., Bussey, K., Bandura, A., Carnagey, N.L., Anderson, C.A., Ferguson, C.J., Smith, J A., Osborn, M., Willig, C., & Stainton-Rogers, W. (2014). Using thematic analysis in psychology Using thematic analysis in psychology. *Psychiatric Quarterly*, 887(1): 37–41. DOI: https://doi.org/10.1111/j.1460-2466.1978.tb01621.x.

Ayhan, C.H.B., Bilgin, H., Uluman, O.T., Sukut, O., Yilmaz, S., Buzlu, S. (2020). A Systematic Review of the Discrimination against Sexual and Gender Minority in Health Care Settings. *International Journal of Health Services*, 50(1): 44-61. DOI: 10.1177/0020731419885093.

Baral, S.D., Poteat, T., Stromdahl, .S, Wirtz, AL., Guadamuz. T.E., Beyrer, C. (2013). Worldwide burden of HIV in transgender women: a systematic review and meta-analysis. *Lancet Infectious Diseases*, 13: 214–22. [PubMed: 23260128].

Bless, C., Higson-Smith, C. & Sithole, S. (2013*). Fundamentals of Social Research Methods: An African Perspective*, (5th Edition). Claremont: Juta and Company Ltd.

Bradford, J., Reisner, S.L., Honnold, J.A., Xavier, J. (2013). Experiences of transgender-related discrimination and implications for health: Results from the Virginia transgender health initiative study. *American Journal of Public Health*, 103: 1820–1829. [PubMed: 23153142]

Cacciattolo, M. (2015). *Ethical Considerations in Research*. [Online] Springer. Available from https://link.springer.com/content/pdf/10.1007/978-94-6300-112-04.pdf [Accessed 18 January 2021].

Emlet, C.A., O'Brien, K.K., & Goldsen, F.K. (2019). The Global Impact of HIV on Sexual and Gender Minority Older Adults: Challenges, Progress, and Future Directions. *International Journal of Aging & Human Development*, 89(1): 108–126. DOI: https://doi.org/10.1177/0091415019843456.

ENCA. (2019). SA gets first transgender healthcare facility. [Online] ENCA. Available from: https://www.enca.com/life/wits-opens-door-healthcare-trans-people [Accessed 17 February 2021].

Guba, E.G., & Lincoln, Y.S. (1994). Competing paradigms in qualitative research. In N.K. Denzin & Y.S. Lincoln (Eds.), *Handbook of qualitative research* (pp. 485-499). Thousand Oaks, CA: Sage

Ismail, N., Kinchin, G., & Edwards, J.-A. (2017). Pilot Study, Does It Really Matter? Learning Lessons from Conducting a Pilot Study for a Qualitative PhD Thesis. *International Journal of Social Science Research*, *6*(1): 1. DOI: https://doi.org/10.5296/ijssr.v6i1.11720.

Jamshed, S. (2014). Qualitative research method-interviewing and observation. *Journal of Basic and Clinical Pharmacy*, 5(4): 87–88. DOI: https://doi.org/10.4103/0976-0105.141942

Johnson, A.H., Hill, I., Beach-Ferrara, J., Rogers, B.A., & Bradford, A. (2020). Common barriers to healthcare for transgender people in the U.S. Southeast, *International Journal of Transgender Health*, 21(1): 70-78. DOI: 10.1080/15532739.2019.1700203.

Koonin, M. (2018). Validity and reliability. In Du Plooy-Cilliers, F, Davis, C. & Bezuidenhout, R.M (Editors*.). Research Matters*. Claremont: Juta and Company Ltd.

Kura, S. (2012). Qualitative and Quantitative Approaches to the Study of Poverty: Taming the Tensions and Appreciating the Complementarities. *The Qualitative Report*, 17(20): 1-19.

Mandal, P.C. (2018). Qualitative research: Criteria of evaluation*. International Journal of Academic Research and Development*, 3(2): 591-596.

Perez-Brumer, A. & Silva-Santisteban, A. (2020). COVID-19 policies can perpetuate violence against transgender communities: insights from Peru. *AIDS Behaviour.* 24: 2477–2479. DOI: https://doi.org/10.1007/s10461-020-02889-z

Price, L. & Martin, L. (2018). Introduction to the special issue: applied critical realism in the social sciences, *Journal of Critical Realism*, 17(2): 89-96. Doi: 10.1080/14767430.2018.1468148

Roberts, T. & Fantz, C. (2014). Barriers to Quality Health Care for the Transgender Population. *Clinical Biochemistry*. 47. DOI: 10.1016/j.clinbiochem.2014.02.009.

Safer, J.D., Coleman, E., Feldman, J., Garofalo, R., Hembree, W., Radix, A., & Sevelius, J. (2016). Barriers to healthcare for transgender individuals. *Current Opinion in Endocrinology, Diabetes, and Obesity*, 23(2): 168–171. DOI: https://doi.org/10.1097/MED.0000000000000227.

Saunders, B., Sim, J., Kingstone, T., Baker, S., Waterfield, J., Bartlam, B., Burroughs, H., & Jinks, C. (2018). Saturation in qualitative research: exploring its conceptualization and operationalization. *Quality and Quantity*, 52(4), 1893–1907. DOI: https://doi.org/10.1007/s11135-017-0574-8.

Saunders, M., Lewis P., Thornhill, A. (2016*). Research Methods for Business Students* 7th Edition. England: Pearson. Education Limited.

Saunders, M., Lewis, P. & Thornhill, A. (2012). *Research Methods for Business Students*, 6 edition, England, Pearson Education Limited.

Sherman, M.D., Kauth, M.R., Ridener, L., Shipherd, J.C., Bratkovich, K., Beaulieu, G. (2014). An empirical investigation of challenges and recommendations for welcoming sexual and gender minority veterans into VA care. *Professional Psychology Research Practice*, 45: 433–442.

UN. (2020). Goal 3: Ensure healthy lives and promote well-being for all at all ages. [Online] UN. Available from:

https://www.un.org/sustainabledevelopment/health/ [Accessed 17 February 2021].

Vaismoradi, M., Turunen, H., & Bondas, T. (2013). Content analysis and thematic analysis: Implications for conducting a qualitative descriptive study. *Nursing and Health Sciences*, *15*(3): 398–405. DOI: https://doi.org/10.1111/nhs.12048

Wang, Y., Pan, B., Liu, Y., Wilson, A., Ou, J., Chen, R. (2020). Health care and mental health challenges for transgender individuals during the COVID-19 pandemic. *Correspondence*, 8(7): 564-565. DOI: https://doi.org/10.1016/S2213-8587(20)30182-0